

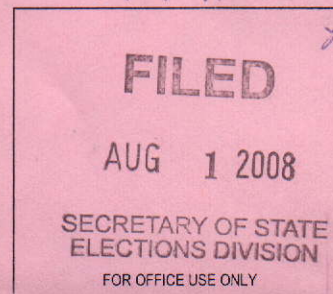
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

KEN. GREIN **WCSD School Board** **D**
 Name (print) Office (if applicable) District (if applicable)
2645 Pioneer Dr. RENO, NV. 89509 **828-4676**
 Mailing Address (include city and zip code) Telephone No.
gogrein@aol.com
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED

- ☐ Annual Filing - Due January 15, 2008
 Period: January 1, 2007 - December 31, 2007
☒ Report #1 - Due August 5, 2008*
 Period: Jan. 1, 2008 - July 31, 2008
☐ Report #2 Due - October 28, 2008*
 Period: Aug. 1, 2008 - Oct. 23, 2008
☐ Report #3 Due - January 15, 2009**
 Period: Oct. 24, 2008 - Dec. 31, 2008
☐ Annual Filing - Due January 15, 2009
 Period: January 1, 2008 - December 31, 2008



* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
 2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
 3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
 4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

 Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

5,000

150

5150.00

This Period

 Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
 7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

5150.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
 9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
 10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
 11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
 12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

1928.38

1928.38

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

EL201.doc

Revised: Dec-07

Date

PAGE 1 OF 7

Report Period

District (if applicable)

PAGE 2 OF 7

Report Period	#
1990-1991	1
1991-1992	2
1992-1993	3
1993-1994	4
1994-1995	5
1995-1996	6
1996-1997	7
1997-1998	8
1998-1999	9
1999-2000	10
2000-2001	11
2001-2002	12
2002-2003	13
2003-2004	14
2004-2005	15
2005-2006	16
2006-2007	17
2007-2008	18
2008-2009	19
2009-2010	20
2010-2011	21
2011-2012	22
2012-2013	23
2013-2014	24
2014-2015	25
2015-2016	26
2016-2017	27
2017-2018	28
2018-2019	29
2019-2020	30
2020-2021	31
2021-2022	32
2022-2023	33
2023-2024	34
2024-2025	35
2025-2026	36
2026-2027	37
2027-2028	38
2028-2029	39
2029-2030	40
2030-2031	41
2031-2032	42
2032-2033	43
2033-2034	44
2034-2035	45
2035-2036	46
2036-2037	47
2037-2038	48
2038-2039	49
2039-2040	50
2040-2041	51
2041-2042	52
2042-2043	53
2043-2044	54
2044-2045	55
2045-2046	56
2046-2047	57
2047-2048	58
2048-2049	59
2049-2050	60
2050-2051	61
2051-2052	62
2052-2053	63
2053-2054	64
2054-2055	65
2055-2056	66
2056-2057	67
2057-2058	68
2058-2059	69
2059-2060	70
2060-2061	71
2061-2062	72
2062-2063	73
2063-2064	74
2064-2065	75
2065-2066	76
2066-2067	77
2067-2068	78
2068-2069	79
2069-2070	80
2070-2071	81
2071-2072	82
2072-2073	83
2073-2074	84
2074-2075	85
2075-2076	86
2076-2077	87
2077-2078	88
2078-2079	89
2079-2080	90
2080-2081	91
2081-2082	92
2082-2083	93
2083-2084	94
2084-2085	95
2085-2086	96
2086-2087	97
2087-2088	98
2088-2089	99
2089-2090	100
2090-2091	101
2091-2092	102
2092-2093	103
2093-2094	104
2094-2095	105
2095-2096	106
2096-2097	107
2097-2098	108
2098-2099	109
2099-2100	110
2100-2101	111
2101-2102	112
2102-2103	113
2103-2104	114
2104-2105	115
2105-2106	116
2106-2107	117
2107-2108	118
2108-2109	119
2109-2110	120
2110-2111	121
2111-2112	122
2112-2113	123
2113-2114	124
2114-2115	125
2115-2116	126
2116-2117	127
2117-2118	128
2118-2119	129
2119-2120	130
2120-2121	131
2121-2122	132
2122-2123	133
2123-2124	134
2124-212	

District (if applicable)

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

This page may be copied or duplicated if additional space is needed.

**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period #

Ken Greiner
Name (print)

WCSD School Board
Office (if applicable)

17
District (if applicable)

N/A **IN KIND** *0*

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

This page may be copied or duplicated if additional space is needed.

Report Period	#
---------------	---

WCSD School/Board
Office (if applicable)

District (if applicable)

[illegible]

PAGE 6 OF 7

IN KIND CAMPAIGN
EXPENSES

Report Period #

Ken Grein
Name (print)

WCSD School Board
Office (if applicable)

D
District (if applicable)

IN KIND

N/A

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362